



Attorney Docket No: IMMR-063/00US

PATENT

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HAPTIC DEVICES HAVING MULTIPLE OPERATIONAL MODES
INCLUDING AT LEAST ONE RESONANT MODE

the specification of which:

(check one)

☐ is attached hereto;

☒ was filed as United States Application Serial No. 10/792,279 on March 4, 2004, and was amended on ____ (if applicable);

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information which is known to me to be material to the patentability of said invention in accordance with 37 C.F.R. §1.56;

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Application Number)

(Filing Date) (day, month, year)

(Application Number)

(Filing Date) (day, month, year)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States

Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Juan Manuel Cruz-Hernandez**

Inventor's signature _____

Date July / 20 / 2004

Residence: Montreal Quebec H2X-2T7

Citizen of: Canada

Post Office Address: 3575 Blvd. St. Laurent, Suite 422

Full name of second inventor: **Danny Grant**

Inventor's signature _____

Date _____

Residence: Montreal, Qc H2S 2C8

Citizen of: Canada

Post Office Address: 5961 de la Roche #4

Full name of second inventor: **Vincent Hayward**

Inventor's signature _____

Date _____

Residence: Montreal Quebec H3A-2A7

Citizen of: Canada

Post Office Address: CIM-Room 410, 3480 University St.

Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **Juan Manuel Cruz-Hernandez**

Inventor's signature _____ Date _____

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Citizen of: Canada

Post Office Address: 3575 Blvd. St. Laurent, Suite 422

Full name of second inventor: **Danny Grant**

Inventor's signature  Date July 20, 04

Residence: Montreal, Qc H2S 2C8

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Post Office Address: 5961 de la Roche #4

Full name of second inventor: **Vincent Hayward**

Inventor's signature _____ Date _____

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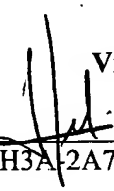
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Inventor's signature _____ Date _____
Residence: Montreal, Qc H2S 2C8
Citizen of: Canada
Post Office Address: 5961 de la Roche #4

Full name of second inventor: **Vincent Hayward**

Inventor's signature  _____ Date July 12 2004
Residence: Montreal Quebec H3A-2A7
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